Sample

Updated June 2005

(Insert employer name or place on letterhead / Return to employer when complete)

Physical Fitness Certificate

School Bus Driver
School Bus Monitor

Indiana Code 20-27-8-1, in part states, (a)An individual may not drive a school bus for the transportation of students or be employed as a school bus monitor unless the individual satisfies the following requirements:

(7) Possess the following required physical characteristics:

(A) Sufficient physical ability to be a school bus driver, as determined by the state school committee.

(B) Possession and full normal use of both hands, both arms, both feet, both legs, both eyes, and both ears.

(C) Freedom from any communicable disease that:
(i) may be transmitted through airborne or droplet means; or
(ii) requires isolation of the infected person under 410 IAC 1-2.1.

(D) Freedom from any mental, nervous, organic, or functional disease which might impair the person's ability to properly operate a school bus.

(E) Visual acuity, with or without glasses, of at least 20/40 in each eye and a field of vision with 150 degree minimum and with depth perception of at least 80%.

Physical Fitness Certificate Requirement

An individual who is or intends to become a school bus driver must obtain a physical examination certificate stating that the individual possesses the physical characteristics required by section 1(a)(7) of this chapter. The certificate shall be made by an Indiana physician after the physician has conducted a physical examination of the school bus driver or prospective school bus driver. The physician shall be chosen by the school bus driver or prospective driver, who shall pay for the examination. (I.C. 20-27-8-4)

The term Indiana physician means, "any individual who holds an unlimited license to practice medicine in Indiana." (I.C. 20-18-2-8)

I certify that _____possesses the physical characteristics required by I.C. 20-27-8-1 to be a school bus driver or school bus monitor.

_____
physician signature

_____
printed name

_____
physician medical license number

_____
date

_____
physician's address and telephone number